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## ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made  
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\* 168

Place of Birth

Gila

County

Inspiration

No.

St.

SEX OF CHILD*	Twin Triplet or other	{ and }	Number in order of birth
Male			
DATE OF BIRTH* July 17 1923			
(Month) (Day) (Year)			
FULL NAME	FATHER		
✓ P. Alvin King	Everett		
FULL MAIDEN NAME	MOTHER		
✓ Eva Tomella			

I HEREBY CERTIFY that the child described  
herein has been named

✓ Dell Frank Everett

(Give name in full)

(Surname)

✓ King Everett

(Parent's Signature)

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.

DM-8-42-Bower Co.

453-717-535